

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR



APPLICATION TO INSTALL A SOLID FUEL APPLIANCE

ATTEICATION TO INSTALL A SOLID FUEL ATTEIANCE					
This Section For Offical Use Only					
Approved Date	Rejected Date Reason:				
Signature/Inspector of Buildings			Date		
SECTION 1 - SITE INFORMATION		SECTION 4 - WORKERS' COMPENSATION INSURANCE			
.1 Property Address: House Number		AFFIDAVIT (M.G.L. c. 152, § 25C(6))			
Street Name		Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.			
1.2 Assessors Map, Block & Parcel Number:		Signed Affidavit attached Yes			
Map Number	Parcel Number		SECTION 5 - DESCRIPTION OF PROPOSED WORK		
SECTION 2 - PROPERTY OWNERSHIP/AGENT		_	ck all applicable)		
2.1 Property Owner:		Woodstove	Pellet Stove	Coal Stove	
Name (Print)		Dual Fuel Appliance	Fireplace Insert	Chimney	
Mailing Address:		Other (explain)			
		Brief Description of Proposed Work:			
Signature Telep	hone				
2.2 Authorized Agent:		Serial # Model #			
Name (Print)		Room Location: (i.e. Living Rm)			
Mailing Address:		SECTION 6a - OWNER AUTHORIZATION - TO BE COMPLETED			
		W	HEN OWNERS AGENT O	OR CONTRACTOR	
Signature: Telephone		A	PPLIES FOR BUILDING P	ERMIT	
SECTION 3 - CONSTRUCTION SERVICES 1 Linear Country of the Service Ser					
3.1 Licensed Construction Supervisor:	☐Home Owner Exemption	1,		, as Owner of the	
License Holders Name	Exemption		subject Property hereby authorize to act on my behalf, in all matters relative to work authorized by this		
Address	License Number	building permit application.			
Address					
City/State/Zip	Expiration Date	Signature of Owner		Date	
Signature	Telephone	SECTION 6b - OW	VNER/AUTHORIZED AGE	NT DECLARATION	
3.2 Registered Home Improvement Contractor	☐Home Owner Exemption	I,		, as Owner/Authorized	
Company Name	2.10.11p.uo.1	Agent/Contractor her	eby declare that the statement	s and information on	
Address	License Number	knowledge and belief	tion are true and accurate, to tf.	ne best of my	
City/State/Zip	Expiration Date	Signed under the pair	ns and penalties of perjury.		
Signature	Telephone	Print Name			
This Section For Official Us	Signature of Owner/A	Agent/Contractor	Date		
Amount Paid Check #		Signature of Owner/	15011/ COHHIGON	Date	